

## WOC MANDATORY TRAINING

### REGISTRATION, EXAM ANSWER SHEET, and CERTIFICATE OF TRAINING

#### EMPLOYEE INFORMATION

Enter your "Legal" Name (Example: George G. Washington):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name of School (Examples: University of Utah, BYU, Weber, N/A (not applicable), etc.):

School Name: \_\_\_\_\_

Name of VA Supervisor or Contact: \_\_\_\_\_

Type of VA Appointment (Select one from the following): \_\_\_\_\_

• Resident • Student • Research • Volunteer • Contractor/Clinical • Contractor/Non-Clinical • WOC Staff • All Other

Area of Assignment (Select one from the following): \_\_\_\_\_

- |                  |                      |                         |              |                          |
|------------------|----------------------|-------------------------|--------------|--------------------------|
| • Anesthesia     | • Audiology          | • Community Clinics     | • Research   | • Social Work            |
| • Engineering    | • Environmental Mgmt | • Patient Financial Svc | • Lab        | • Volunteer Services     |
| • Dental         | • Neurology          | • Nursing               | • Medicine   | • Information Technology |
| • Nutrition/Food | • Pharmacy           | • Police                | • Surgery    | • Contracting            |
| • Psychology     | • Radiology          | • Rehab                 | • Psychiatry | • All Other              |

#### EXAM ANSWER SHEET - (Darken in "●" correct answer DO NOT circle)

- |            |             |             |             |
|------------|-------------|-------------|-------------|
| 1. A B C D | 10. A B C D | 19. A B C D | 28. A B C D |
| 2. A B C D | 11. A B C D | 20. A B C D | 29. A B C D |
| 3. A B C D | 12. A B C D | 21. A B C D | 30. A B C D |
| 4. A B C D | 13. A B C D | 22. A B C D | 31. A B C D |
| 5. A B C D | 14. A B C D | 23. A B C D | 32. A B C D |
| 6. A B C D | 15. A B C D | 24. A B C D | 33. A B C D |
| 7. A B C D | 16. A B C D | 25. A B C D | 34. A B C D |
| 8. A B C D | 17. A B C D | 26. A B C D | 35. A B C D |
| 9. A B C D | 18. A B C D | 27. A B C D |             |

#### CERTIFICATION OF COMPLETION

**"Providing a Safe and Secure Environment for Health Care for Non-clinical Contractors"**

I, \_\_\_\_\_, hereby certify that I have reviewed all module content, completed module  
 Print/Type Name  
 exam and am knowledgeable as to who to contact for questions (see module for reference).

Appointee Signature: \_\_\_\_\_

A copy of this sheet **must be submitted** to: VASLCHCS, 500 Foothill Dr., Salt Lake City, UT 84148, to one of the following departments, whichever is applicable:

**Medical/Dental Residents, Medical Students:** Human Resources, Mail Code 05 (Return with other appointment documents)

**Associated Health Trainees in ONLY (Nursing, Medical Assistant, Surgical Technology):** Center for Learning Excellence, Mail Code 05HL (Return with "Orientation Packet")

**All Other Associated Health Trainees (Associated Health Residents and Students)**

(Examples: Social Work, Physical Therapy, Pharmacy, Psychology, Podiatrists, Optometrists, Dental Hygienists, etc.)

Send to: Program Director of your occupation

**Research**

Send to: Mail Code 151

**Contractors**

Send to: Mail Code 04AA

**Volunteers**

Send to: Mail Code 135

Reviewed: January 28, 2009